

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

| FOR LIQUOR DIVISION USE ONLY | | | |
|------------------------------|----------|------|---|
| Customer #: | B7029 | | |
| Trf from: | | | |
| Reviewer: | Initials | Date | |
| Agent: | | / | / |
| Mgr: | | / | / |

| | | |
|---|---|---|
| To be completed by City / Town / County Clerk | | Local License #: <u>RBLL-6</u> |
| License Fees | Annual Fee: <u>\$1,000.00</u> | Date filed with clerk: <u>09 / 18 / 2024</u> |
| | Prorated Fee: \$ _____ | Advertising Dates: (2 Consecutive Weeks Prior to Hearing) <u>10/30/2024</u> & <u>11/06/2024</u> |
| | Transfer Fee: \$ _____ | Public Hearing Date: <u>11 / 19 / 2024</u> |
| | Publishing Fee: \$ _____ | |
| Publishing Fee Direct Billed to Applicant: <input checked="" type="checkbox"/> | | |
| License Term: | <u>1/1/2025</u> Through <u>12/31/2025</u> | |
| | Month Day Year | Month Day Year |
| LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE. | | |

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|--|--------------------------------------|
| Applicant (Business Name): <u>VR TAVERN ON THE GREYS LLC</u> | |
| Doing Business As (DBA) / Trade Name: <u>TAVERN ON THE GREYS</u> | |
| Building to be licensed / Building Address: <u>25 HWY 89</u> | |
| <u>ALPINE, WY 83128 LINCOLN</u> | |
| Local Mailing Address: <u>3465 N PINES WAY STE 104 # 71</u> | |
| <u>WILSON, WY 83104</u> | |
| Local Business Telephone Number: <u>(307) 654-4667</u> | Fax Number: _____ |
| Business E-Mail Address: <u>localilys@gmail.com</u> | <u>accounting@greysrivercove.com</u> |
| Business Primary Contact: <u>Leah</u> | <u>Blumel</u> |
| First Name | Last Name |

| | | | |
|---|----------------------------|----------------------------------|---|
| FILING IN: | <u>TOWN OF ALPINE</u> | FILING AS: | <u>LIMITED LIABILITY COMPANY (LLC)</u> |
| TYPE OF LICENSE OR PERMIT: <u>RETAIL LIQUOR LICENSE</u> | | | |
| RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE) | | | |
| <input type="checkbox"/> ON-PREMISE BAR <input type="checkbox"/> OFF-PREMISE PACKAGE STORE <input checked="" type="checkbox"/> ON & OFF PREMISE BAR & PACKAGE STORE | | | |
| SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK) | | | |
| OPERATIONAL STATUS (To Assist the Liquor Division with scheduling inspections (W.S. 12-1-101(a)(xxi) / 12-2-301(c) / 12-4-103(a)(iv))) | | | |
| <input checked="" type="checkbox"/> FULL TIME | MONTHS OF OPERATION | from _____ to _____ | <input checked="" type="checkbox"/> All Year (Jan-Dec) |
| <input type="checkbox"/> SEASONAL | DAYS OF WEEK OF OPERATION: | from _____ to _____ | <input checked="" type="checkbox"/> Every Day (Mon-Sun) |
| <input type="checkbox"/> NON-OPERATIONAL / PARKED | HOURS OF OPERATION | from <u>10 am</u> to <u>2 am</u> | <input type="checkbox"/> 24 Hours a Day |

ALL APPLICANTS MUST COMPLETE QUESTIONS 1-3

1. BUILDING OWNERSHIP: W.S. 12-4-103(a)(iii)

Does the Applicant own or lease the licensed building?

- (a) The Applicant **OWNS** the licensed building. ☐ YES (own)
- (b) The Applicant **LEASES** the licensed building. ☒ YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division. ☒ YES ☐ NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

- (i) Lease term expiration date; located on page 1 paragraph 1.

Note: The lease term **MUST** continue at least through the term of the liquor license or permit

- (ii) **Sales** provision for alcoholic or malt beverages: located on page 1 paragraph 2.

Note: The lease **MUST** contain a provision for **SALE OF ALCOHOLIC or MALT BEVERAGES**.